



## SF-86 PACKET INSTRUCTIONS/CHECKLIST FOR NEW EMPLOYEES

**PLEASE READ THESE INSTRUCTIONS AS WELL AS THE INSTRUCTIONS ON THE SF-86 AS A MEANS TO CLARIFY THE INFORMATION ASKED FOR. CHECK THE BOXES ON THIS CHECKLIST AS YOU COMPLETE THE FORM TO INSURE THAT YOU HAVE ANSWERED THE QUESTIONS TO THE BEST OF YOUR ABILITY. IF THE FORM IS NOT FILLED OUT CORRECTLY, PROCESSING TIME WILL BE DELAYED.**

**Note: When using the fillable version of the SF-86 (PDF file) using Adobe Acrobat Reader you will *not* be able to save it unless you have the full version of Adobe Acrobat. *Be sure to print out an extra copy for your records. Alternatively you may print the form and neatly type or print the required answers.***

Jan 2003

NCS POSITIONS

1. FULL NAME	Last, First, Middle ( <b>full</b> middle name <b>at birth</b> – no maiden or former married names). If no middle name, put “NMN” or “NONE”	<input type="checkbox"/>
2. DATE OF BIRTH	Self-explanatory.	<input type="checkbox"/>
3. PLACE OF BIRTH	Self-explanatory. List City and Country if born outside the U.S.	<input type="checkbox"/>
4. SOCIAL SECURITY NUMBER	Self-explanatory. <b>Be sure to enter your SSN at the bottom right of each of the following pages as directed.</b>	<input type="checkbox"/>
5. OTHER NAMES USED	Include maiden name, former married names, aliases and <b>dates used.</b>	<input type="checkbox"/>
6. OTHER IDENTIFYING INFORMATION	Self-explanatory.	<input type="checkbox"/>
7. TELEPHONE NUMBERS	Self-explanatory.	<input type="checkbox"/>
8 a. CITIZENSHIP	Country of Citizenship. Mark the appropriate box and follow the instructions	<input type="checkbox"/>

b. MOTHER'S MAIDEN NAME	First and Last name	<input type="checkbox"/>
c. US CITIZENSHIP	If not born in the US, provide information about proofs of your citizenship	<input type="checkbox"/>
d. DUAL CITIZENSHIP	Past or present. Name other country of citizenship	<input type="checkbox"/>
e. ALIEN	If you are not currently a U.S. citizen and are a Permanent Resident of the United States fill in the City, State where you first entered the U.S., Date, Registration Number, and Country(ies) of citizenship.	<input type="checkbox"/>
9. WHERE YOU HAVE LIVED	Provide complete street address for all locations. List city, state and country. Also list the name, address and telephone number of someone who can verify that information. [Note: It is preferable to list someone in the neighborhood or general area such as in a neighboring town, city, county, who knew you while you were at that address.] <b>LEAVE NO GAPS IN TIME.</b> Follow the instructions carefully. Use SF86A, Continuation Sheet, for additional addresses. <b>Go back a full 7 years<sup>1</sup>.</b>	<input type="checkbox"/>
10. WHERE YOU WENT TO SCHOOL	Self-explanatory. <b>Go back 7 years<sup>1</sup>.</b>	<input type="checkbox"/>
11.YOUR EMPLOYMENT ACTIVITIES	<i>Information must be current and match those on your SF171, OF 612, or resume.</i> Follow the instructions. <b>Go back 7 years<sup>1</sup> except include ALL federal civilian employment.</b> <b>LEAVE NO GAPS IN TIME.</b> List supervisor's name and telephone number. If you were unemployed, or self-employed, list the dates and the name, address and telephone number of someone who can verify that you were unemployed or self-employed.	<input type="checkbox"/>
12. PEOPLE WHO KNOW YOU WELL	Provide name, years known, <b>street</b> address and phone numbers. These people must live in the US and should <b>not</b> be relatives or former spouses.	<input type="checkbox"/>
13. YOUR SPOUSE	Self-explanatory.	<input type="checkbox"/>
14. YOUR RELATIVES AND ASSOCIATES	Self-explanatory. Fill in all information requested.	<input type="checkbox"/>

15. CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES	Self-explanatory.	<input type="checkbox"/>
16. YOUR MILITARY HISTORY	Be sure that all periods of service are properly coded, dates are complete, Service/Certificate numbers are shown for each period, O or E are marked indicating officer or enlisted. Ensure status block(s) is(are) checked.	<input type="checkbox"/>
17. YOUR FOREIGN ACTIVITIES	Self-explanatory.	<input type="checkbox"/>
18. FOREIGN COUNTRIES VISITED	Self-explanatory. <b>Last 7 years<sup>1</sup></b>	<input type="checkbox"/>
19. MILITARY RECORD	Provide information for the <b>last 7 years<sup>1</sup></b> .	<input type="checkbox"/>
20. SELECTIVE SERVICE RECORD	Self-explanatory. Verification may be made on-line via: <a href="https://www4.sss.gov/regver/verification1.asp">https://www4.sss.gov/regver/verification1.asp</a> If you did not register, <b>explain why</b> .	<input type="checkbox"/>
21. MEDICAL RECORD	Self-explanatory. Make sure dates are complete	<input type="checkbox"/>
22. EMPLOYMENT RECORD	Provide information for the <b>last 7 years<sup>1</sup></b> .	<input type="checkbox"/>
23. YOUR POLICE RECORD	Self-explanatory. If you answered yes to any of the questions in Item 23, fill in full details of the incident in the blocks provided. Make sure dates are complete.	<input type="checkbox"/>
24. ILLEGAL DRUGS	Self-explanatory. Make sure dates are complete	<input type="checkbox"/>
25. YOUR USE OF ALCOHOL	Self-explanatory. <b>Go back 7 years<sup>1</sup></b> .	<input type="checkbox"/>
26. YOUR INVESTIGATIONS RECORD	Self-explanatory. Make sure dates are complete	<input type="checkbox"/>

27. YOUR FINANCIAL & 28. RECORD	Self-explanatory. Provide information for the <b><i>last 7 years<sup>1</sup></i></b> ,	<input type="checkbox"/>
29. PUBLIC RECORD CIVIL COURT ACTIONS	Self-explanatory. <b><i>Go back 7 years<sup>1</sup></i></b> .	<input type="checkbox"/>
30. YOUR ASSOCIATION RECORD	Self-explanatory.	<input type="checkbox"/>
CERTIFICATION (Pg 9)	<b><i>Signed</i></b> and <b><i>dated</i></b> in ink. Full first, Middle, Last name.	<input type="checkbox"/>
AUTHORIZATION FOR RELEASE OF INFORMATION (Pg 10)	<b><i>Signed</i></b> and <b><i>dated</i></b> in ink. Full first, Middle, Last name	<input type="checkbox"/>
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION	<b><i>Signed</i></b> and <b><i>dated</i></b> in ink. Full first, Middle, Last name	<input type="checkbox"/>
SF-87 FINGERPRINT CHARTS (2)  <b><i>IF PROVIDED TO YOU</i></b>	Fill in the blanks. If you are local to an ARL location, we can take your fingerprints. If not, your local state, county, or municipal police/sheriff's department can take your fingerprints if no one else is available. Fees may be charged. Please submit both cards. <b>Only the SF-87 OPM-version cards may be used. Do not submit any other types of fingerprint cards.</b>	<input type="checkbox"/>
OF 306 Declaration for Federal Appointment  <b><i>IF PROVIDED TO YOU</i></b>	Fill in, <b><i>sign</i></b> and <b><i>date</i></b> . Provide with you SF-86.	<input type="checkbox"/>
Copy of Resume or SF-612.	Provide copy with your SF 86.	<input type="checkbox"/>
	<sup>1</sup> Go back 7 years or to your 16 <sup>th</sup> birthday, whichever comes first.	